

Name
in
Full

Mary Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hyghmire* Town *Lenox* County

MARYLAND

Date of death 1906 Month 3 Day 6 Age 23 Years Months Days

Sex *Female* Color or Race *Black* Birth-place *md*

Occupation *House wife* Where Residing if not at place of death *md*

Married, Single or Widowed *Married* Name of Wife or Husband *John Bailey*

Father's Name *Phil Johnson* Father's Birthplace *md*

Mother's Maiden Name *Emily Johnson* Mother's Birthplace *md*

Name of person giving information *Emily Johnson* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Purpural Eclampsia* How long *5 hrs*

Immediate *Convulsions* How long *1 hr*

Are the name, age, sex, color, date and place correctly given above?

yes

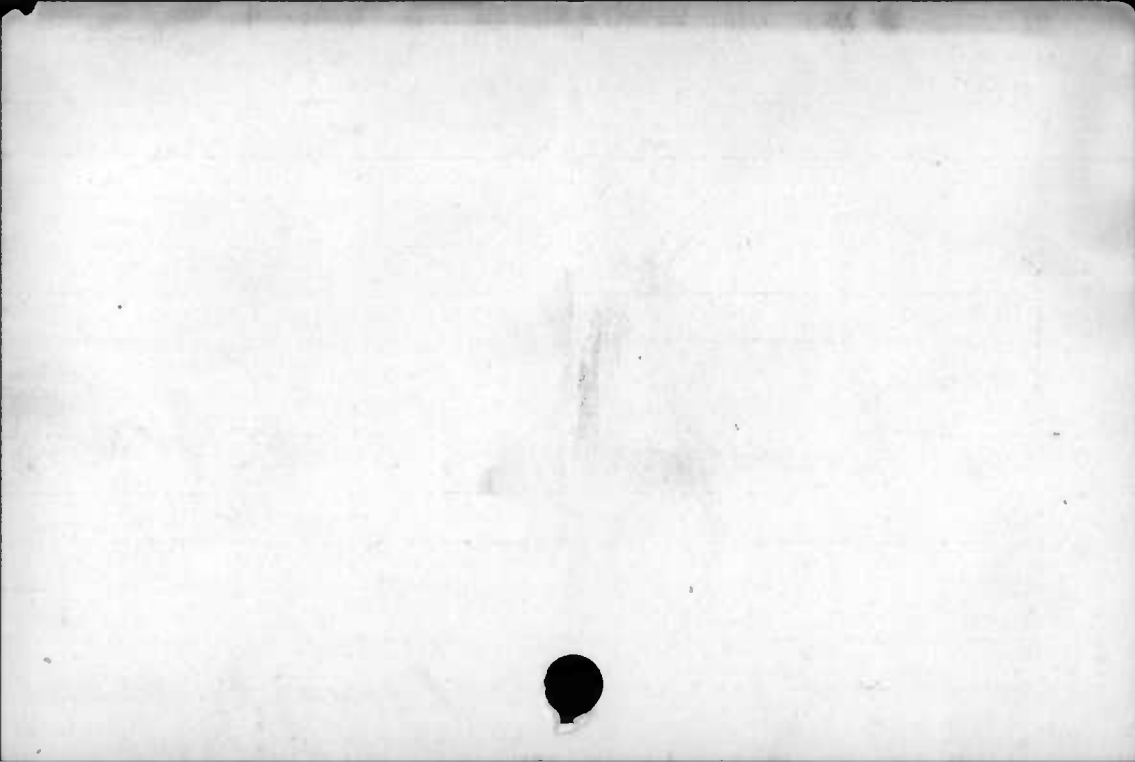
Signature of Physician

H. C. Chappin MD

Address

Hyghmire md

Accident or Suicide?



Name
in
Full

Violet. Jane. Boddy.

Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Rowlandville

Town

Cecil

County

Date of death 1906

Month

March

Day

6

Age

Years

6. 12 days

Months

Days

12

Sex Female

Color or
Race

Black

Birth-
place

Rowlandville

Occupation

None

Child.

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles. Wayman Boddy.

Father's
Birthplace

Pctorara.

Mother's
Maiden Name

Mary E. B. Christie

Mother's
Birthplace

Pikeville, Md

Name of person giving
information

A. A. Christie.

How related
to deceased

Grandmother.

CAUSES OF DEATH

Primary

Acute Bright Disease

How long

3 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Ernest Rowland
Lutaly, Iowa

mo

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
FullInfant Bradley
Cherry Hill
TownCecil
County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

3

Day

3

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm S Bradley

Father's
Birthplace

Pa

Mother's
Maiden Name

S. F. Scatter

Mother's
Birthplace

MD

Name of person giving
In formation

Wm S Bradley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

O. D. Carries MD

Address

Cherry Hill

MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Handwritten marks at the top left, possibly including the number '12'.

Handwritten marks on the left side, possibly including the number '1'.

Handwritten marks in the center, possibly including the number '11'.



Name
in
Full

Robert-E Bromwell

CERTIFICATE OF DEATH

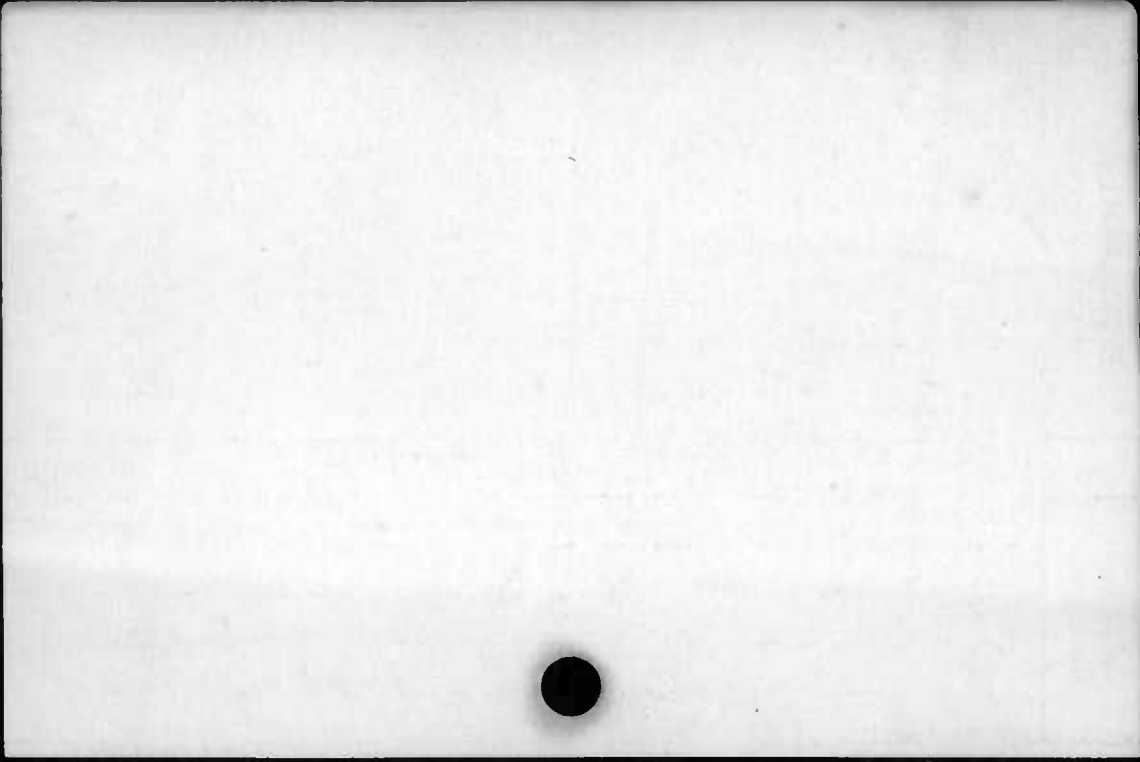
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>21</i>	Age <i>78</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Medical Doctor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Josephine Bromwell</i>				
Father's Name <i>William Bromwell</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Eliza Bromwell</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Wife</i>	How related to deceased <i>Wife</i>				

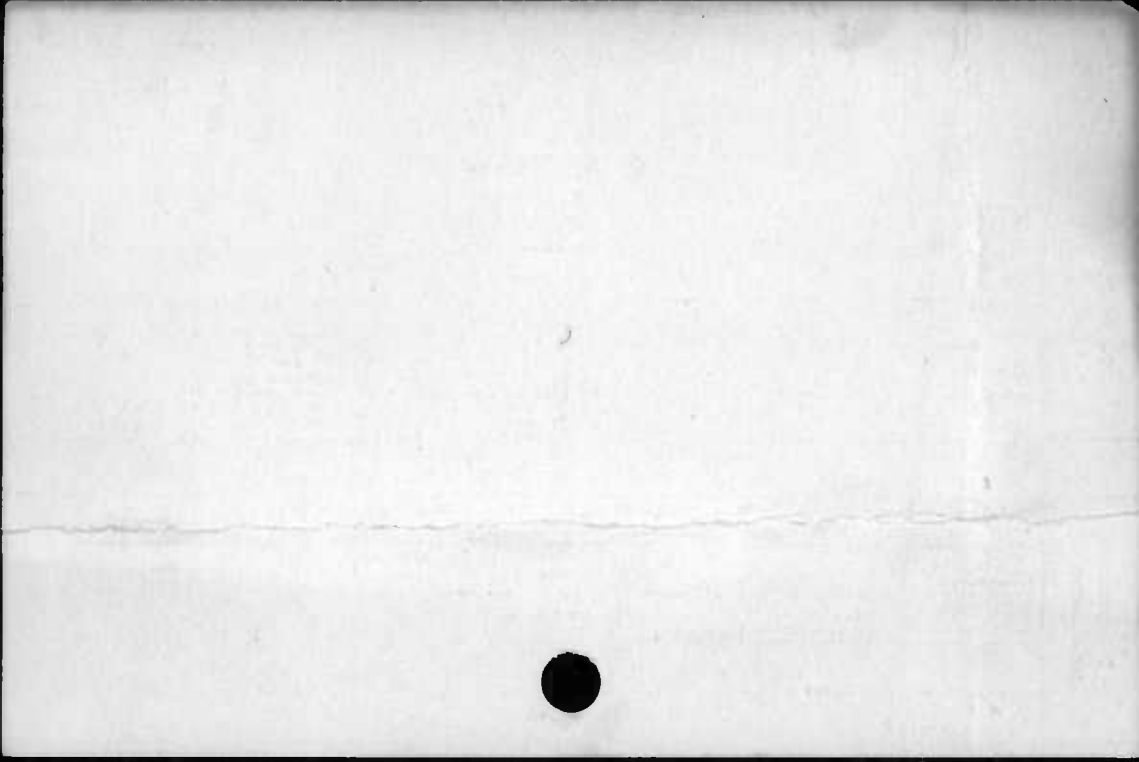
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hæmorrhage of Brain</i>	How long <i>5 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. G. Filler</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Donzo Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Calvert <small>Town</small>		Cecil <small>County</small>		MARYLAND	
	Date of death	1906	Month 3	Day 15	Age 87	Months	Days
	Sex	Male		Color or Race	White		
	Occupation	Butcher		Where Residing if not at place of death	At Calvert		
	Married, Single or Widowed	Married		Name of Wife or Husband	Martha E. Brown		
	Father's Name	George Brown		Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving Information	Martha E. Brown		How related to deceased	Wife		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	General Debility				How long	Five days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	O. S. Richardson	
					Address	Calvert - Md.	
<div style="text-align: center;">  </div>							
Accident or Suicide?							



Name
In
Full

Elizabeth Brown

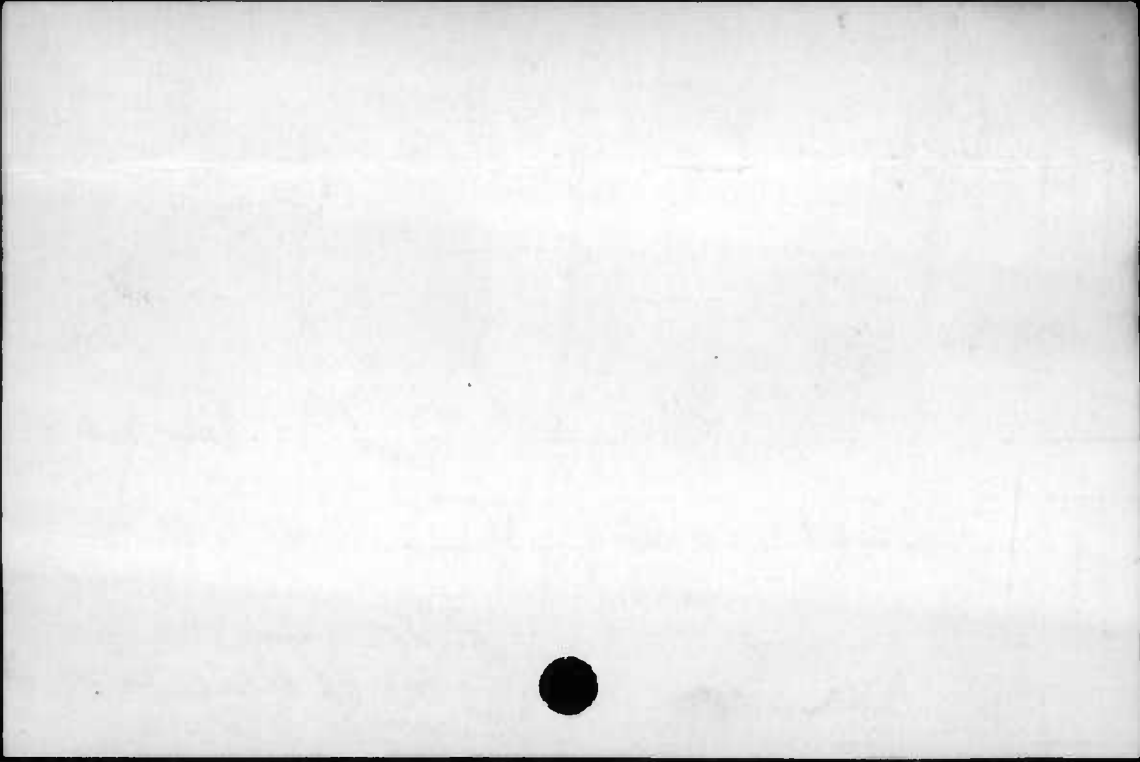
6 Dist.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rising Sun</u> Town		<u>Lucile</u> County		MARYLAND	
Date of death	1906	Month	Feb	Day	14
Age		14		Years	14
Sex	Female		Color or Race	White	
Occupation	None		Birth-place	Rising Sun, Md	
Where Residing if not at place of death			Rising Sun Md		
Married, Single or Widowed			Single or Widowed		
Father's Name			N C Brown		
Father's Birthplace			Besie Co		
Mother's Maiden Name			Mary L. Stephens		
Mother's Birthplace			" "		
Name of person giving information			Mrs Brown		
How related to deceased			Mother		

CAUSES OF DEATH

Primary	<u>Typhoid meningitis</u>	How long	<u>6 weeks</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J P Sherr</u>	
Address		<u>Rising Sun Md</u>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Colored baby - not named Coarsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Chesapeake City* TownCounty *Cecil*Date of death *1906 March*

Month

Day *20*

Age

Years ☒Months ☒Days *1*Sex *Girl*

Color or Race

Colored

Birth-place

*Near Chesapeake City*Occupation *-*Where Residing if not at place of death ☒Married, Single or Widowed ☒Name of Wife or Husband ☒Father's Name ☒

Father's Birthplace

Mother's Maiden Name

Mary K. Coarsley

Mother's Birthplace

Delaware

Name of person giving information

Fred Coarsley

How related to deceased

Grandfather

CAUSES OF DEATH

Primary

Natural causes

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

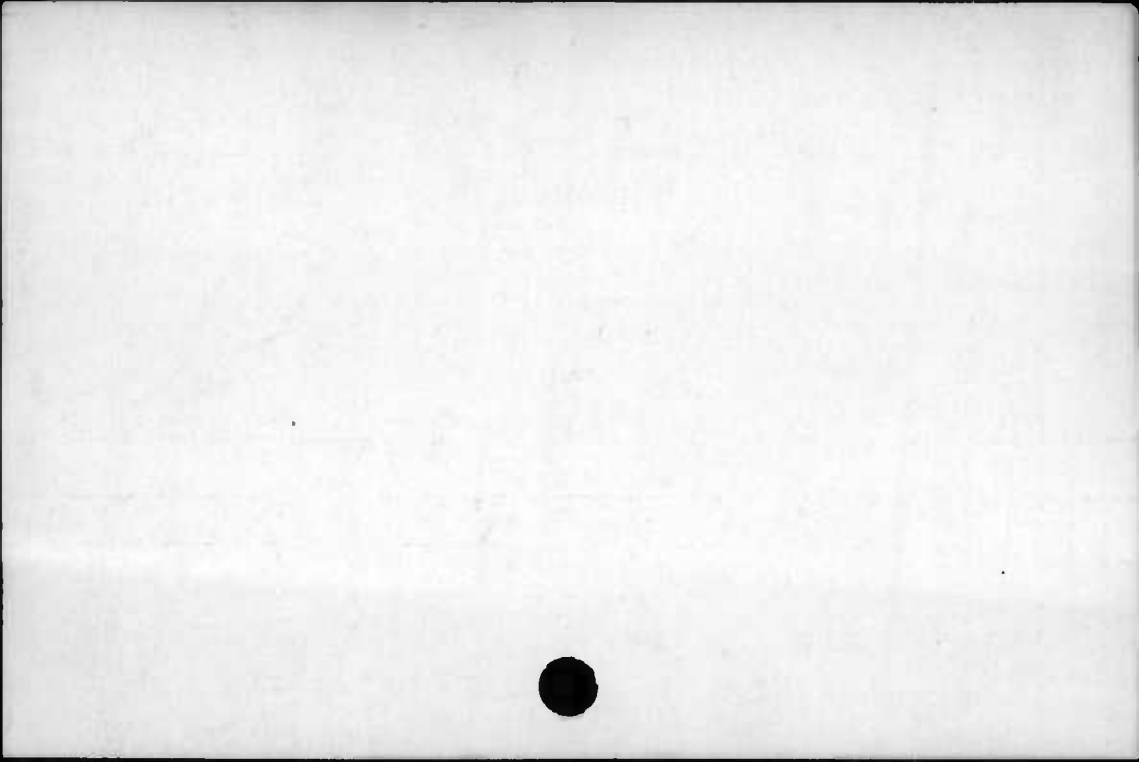
yes

Signature of Physician

Address

*Rickertson Nelson
Coroner of Cecil Co. Md
Eleton, Md*

Accident or Suicide?



Name
in
Full

William Carroll Cole

CERTIFICATE OF DEATH

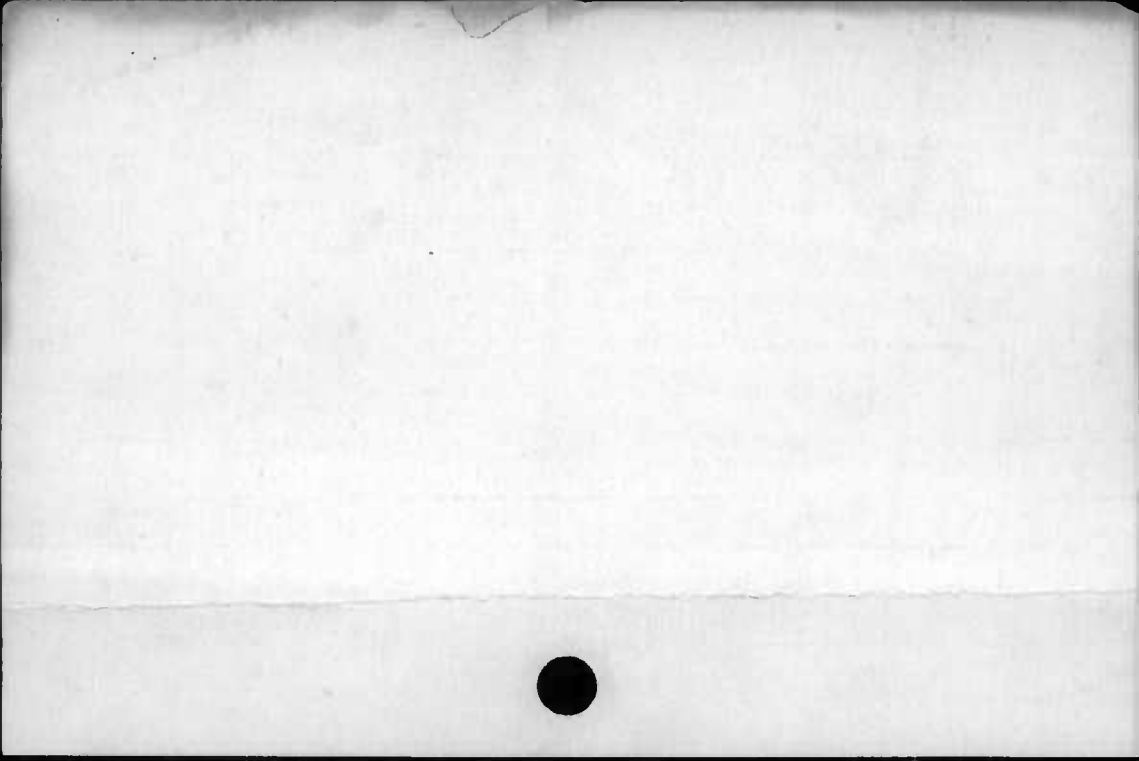
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Red Point Fishery</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>16</i>	Age <i>17</i>	Years <i>17</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Red Point Fishery</i>		
Occupation <i>Fishery & Farm Hand</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Francis Cole</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Emilene Hammond</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Emilene H. Cole</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental Drowning</i>	How long <i>172</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketta Nelson</i>
	Address <i>Coroner for Cecil Co Piketon, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Infant David -

CERTIFICATE OF DEATH

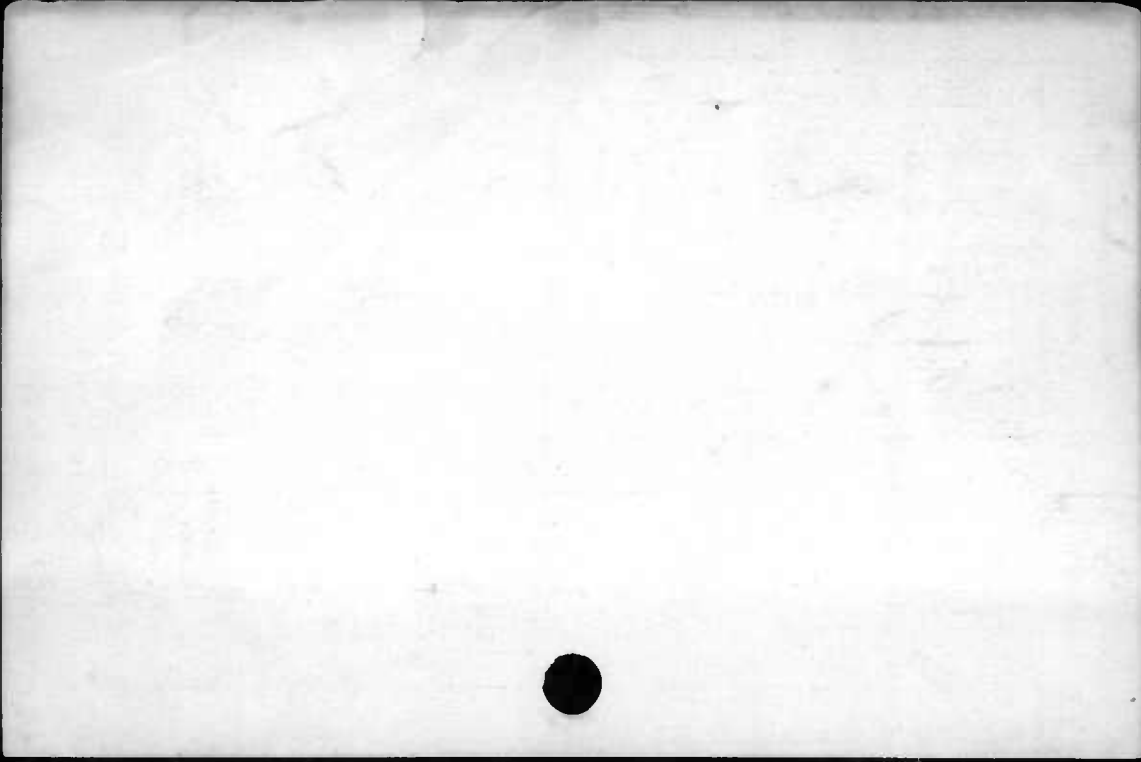
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericktown</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>25</i>	Age <i>Still born</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Itown.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. G. Taylor, M.D.</i>
		Address <i>Perryville, Md.</i>
Accident or Suicide?		



Name
in
Full

John T. Davis

CERTIFICATE OF DEATH

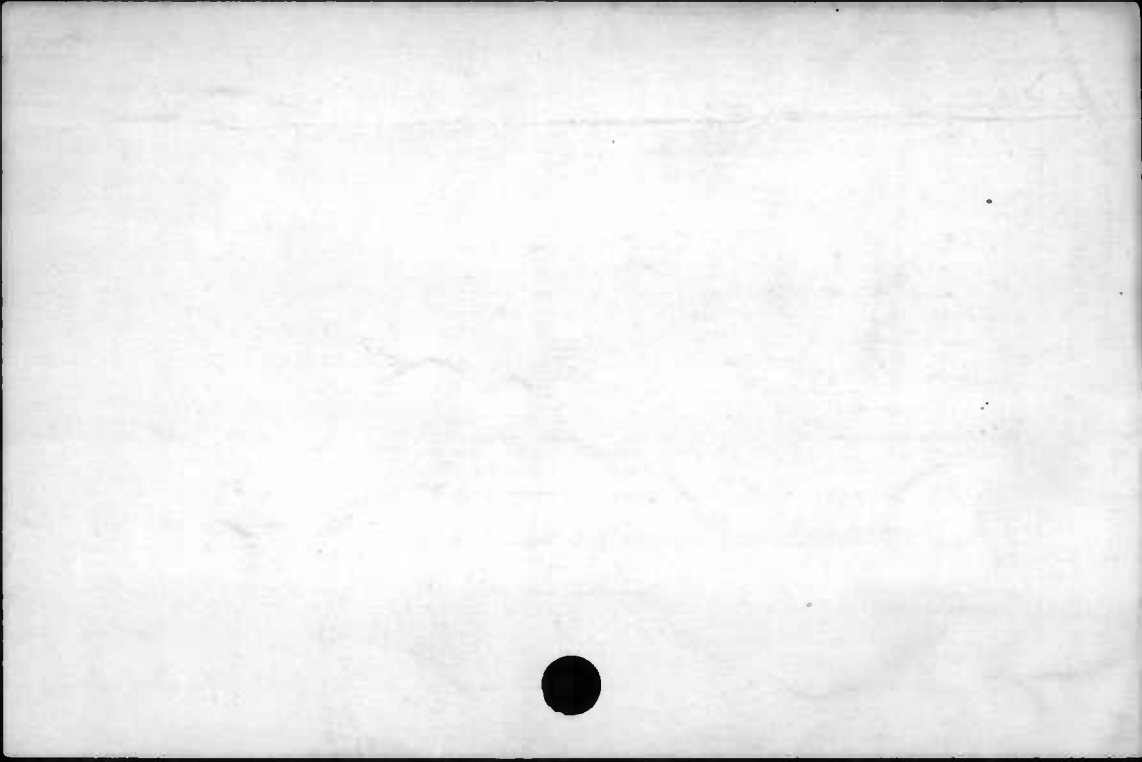
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ecktons</i>		County <i>Becil</i>		MAYLAND	
Date of death	1906	Month <i>June</i>	Day <i>24</i>	Age <i>64</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place				
Occupation <i>carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Della Kershaw</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long <i>10 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		<i>H. Arthur Mitchell M.D.</i>
		Address <i>Elkton Md</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Wm T Davis

Town

County

Died at

Echtern

Greene

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1904

3 24

Age 61

wid

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband of

Diella Davis

Wife of

Father's

Mother's

Name James Davis Maiden Name

Rachel Wallace

Cause of

Primary

Heart Disease

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. Arthur Mitchell MD.

Address

Echtern Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary Davis

Town

County

Died at

Brown Point

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*06**3**27*

Age

1~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Elwood Davis

Maiden Name

Mother's

Mary Sissmeyer

Cause of

Primery

Hemorrhage into ~~Brain~~

How long sick

24 hrs

Death

Immediate

Cranium

~~Accident Suicide Homicide~~

Reported by

H. Arthur Mitchell M.D.

Address

Filkin Trd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cecilton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1906</i>		Month <i>3</i>	Day <i>12</i>	Age <i>78</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co. Md</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>John Lumpson</i>			
Father's Name <i>Abso Griffith</i>		Father's Birthplace <i>Cecil Co.</i>			
Mother's Maiden Name <i>Mary A Bessick</i>		Mother's Birthplace <i>Cecil Co.</i>			
Name of person giving information <i>Jane Boyer</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> (93)	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J M Black</i>
	Address <i>Cecilton Md</i>
Accident or Suicide?	





Name
in
Full

Harriett Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blushouse</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>29</i>	Age <i>65</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>House maid</i>	Where Residing if not at place of death <i>Blushouse</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>" " " "</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>John Mahoney</i>	How related to deceased <i>Not related</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation of Heart</i>	How long <i>One year</i>
Immediate <i>Incompetency of Heart</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Miller</i>
	Address <i>North East, Md.</i>
Accident or Suicide? <i>—</i>	

H M Person

341



Name
in
Full

Isabella Fryer

6th Street

CERTIFICATE OF DEATH

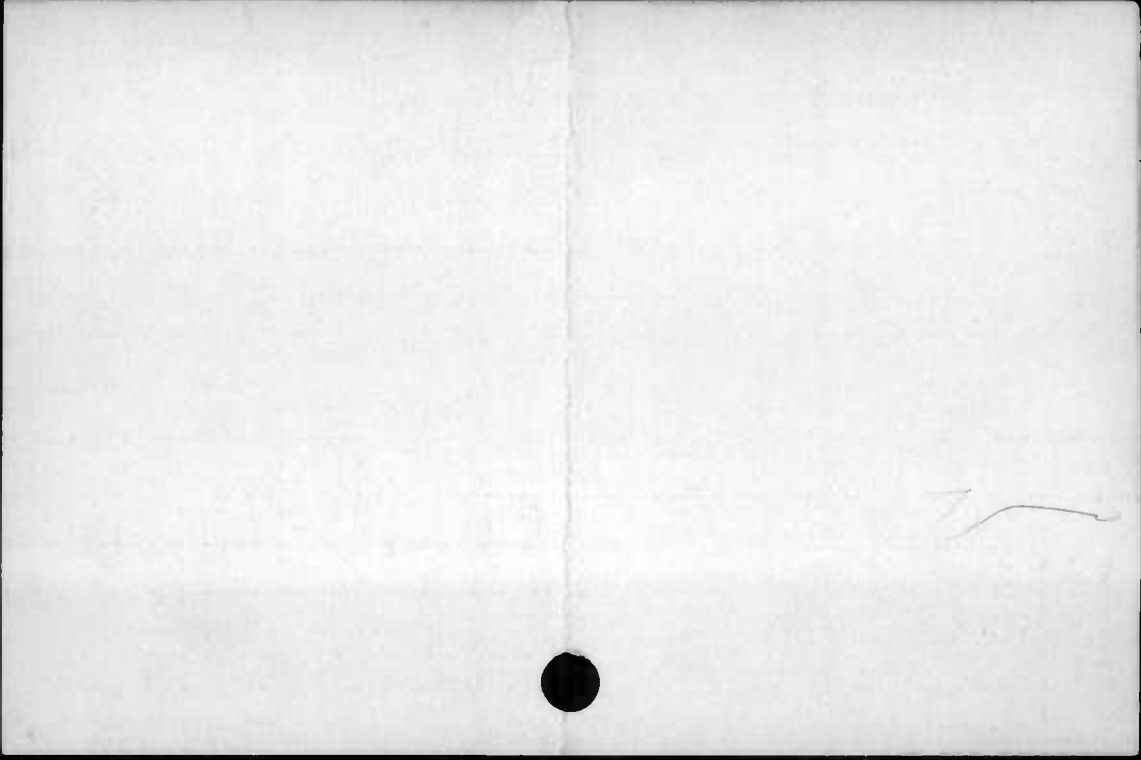
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colora</u> Town		<u>Becl</u> County		MARYLAND	
Date of death	1906	Month	March	Day	11
Age	84	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Colora
Occupation	retired		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Joseph B. Fryer		
Father's Name	William Tosh		Father's Birthplace	Ireland	
Mother's Maiden Name	Eleanor Nesbitt		Mother's Birthplace	Colora	
Name of person giving information	S. L. Fryer		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 months
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John H. Jones
		Address	Residing in Mr.
Accident or Suicide?			



Name In Full *George Nelson Gibbs*

CERTIFICATE OF DEATH

Died at *Snow Hill (1st Dist)* ^{Town} *Cecil* ^{County} **MARYLAND**

Date of death **1906** ^{Month} *March* ^{Day} *6th* ^{Years} *3* ^{Months} *14* ^{Days}

Sex *male* Color or Race *Colored* Birth-place *Snow Hill*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband ☒

Father's Name *Joseph H. Gibbs* Father's Birthplace *Town Point*

Mother's Maiden Name *Edithe C. Owens* Mother's Birthplace *Town Point*

Name of person giving information *Edithe C. Owens Gibbs* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Natural Death* **179** How long

Immediate *Natural Death* How long

Are the name, age, sex, color, date and place correctly given above?

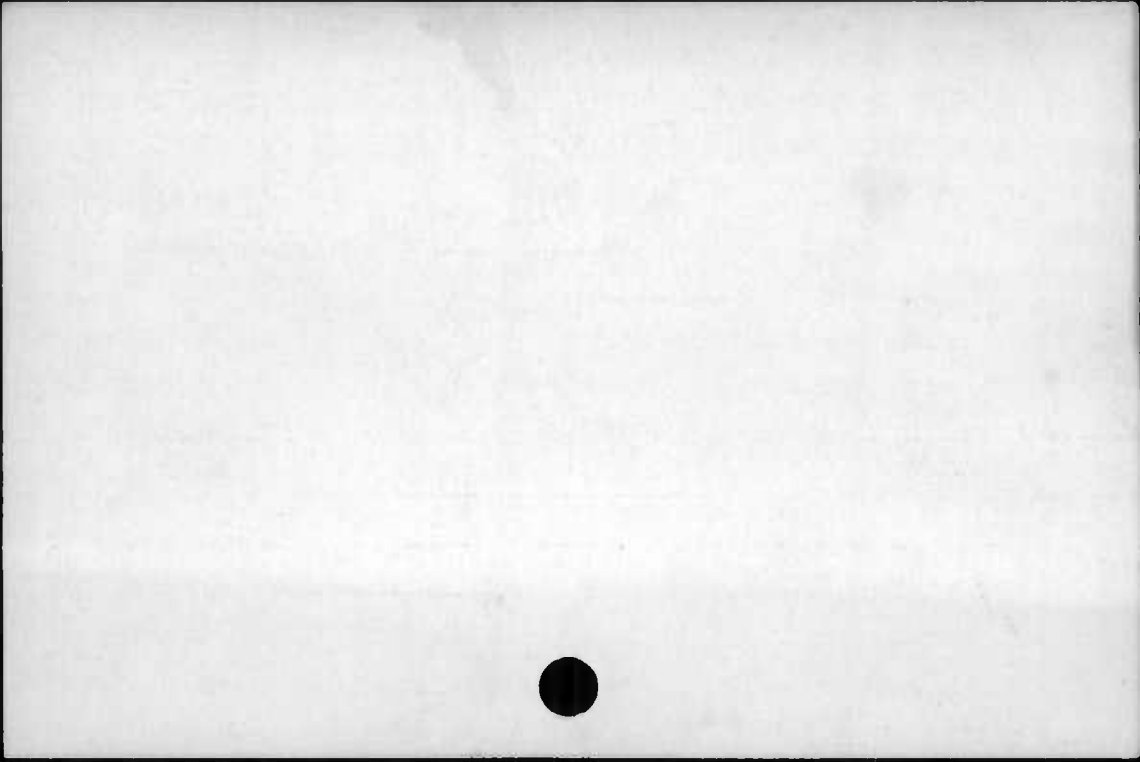
Yes Signature of Physician *Richardson Nelson*

Address *Copied of Cecil Co. Md*
Electon, Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Samuel Hopkins

CERTIFICATE OF DEATH

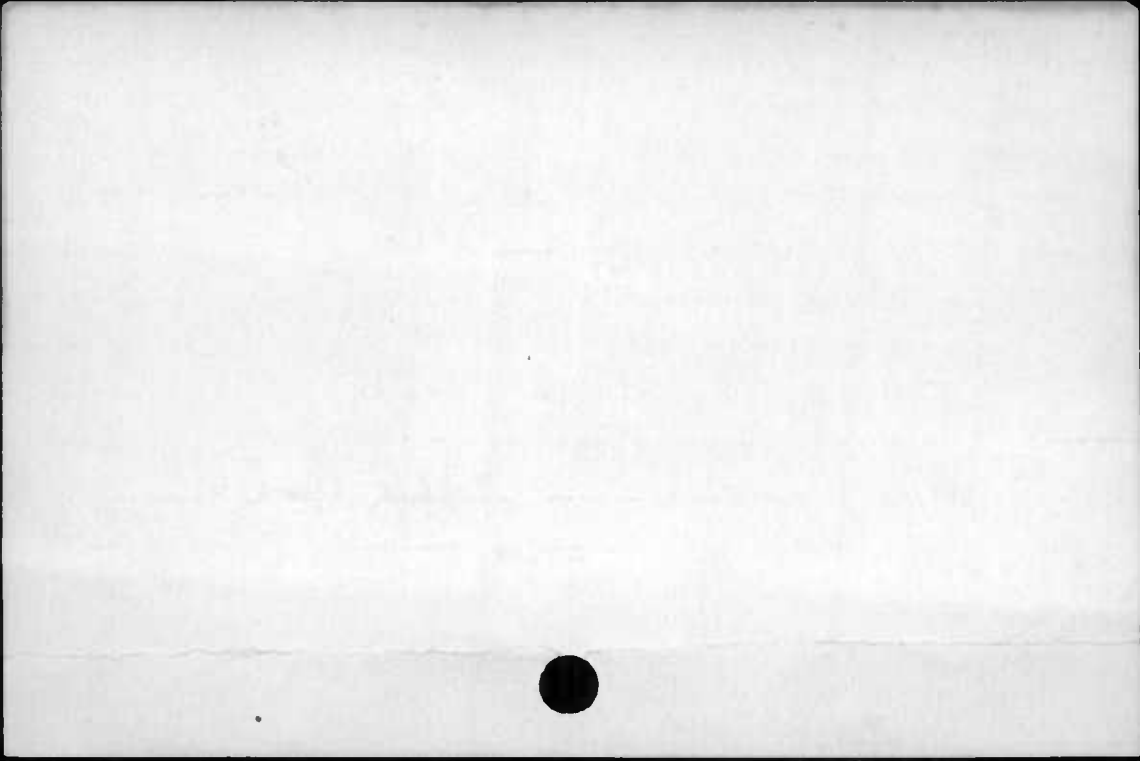
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>March</i> ^{Day} <i>28</i> ^{Years} <i>48</i>		^{Months}		^{Days}	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>near Elkton</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Philip Hopkins</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Hopkins</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Joseph Hopkins</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Gun Shot Wound</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ricketta Nelson</i>	
		Address <i>Copied of Cecil Co Md</i>	
Accident or Suicide? <i>Accident</i>		<i>Elkton, Md.</i>	



Name in Full

Certificate of Death

James G. Jackson

Town

County

Bowie

MARYLAND

Died at Jackson

Date 1906. Month March Day 22nd Y. M. D. Age 73. Native of Occupation

Male

White

Married

Widow

Divorced

Number of children living

Husband
of
Wife

Father's Name Henry Jackson Mother's Name Nancy Gorrell

Cause of Primary Bright Disease

Death Immediate Heart Failure

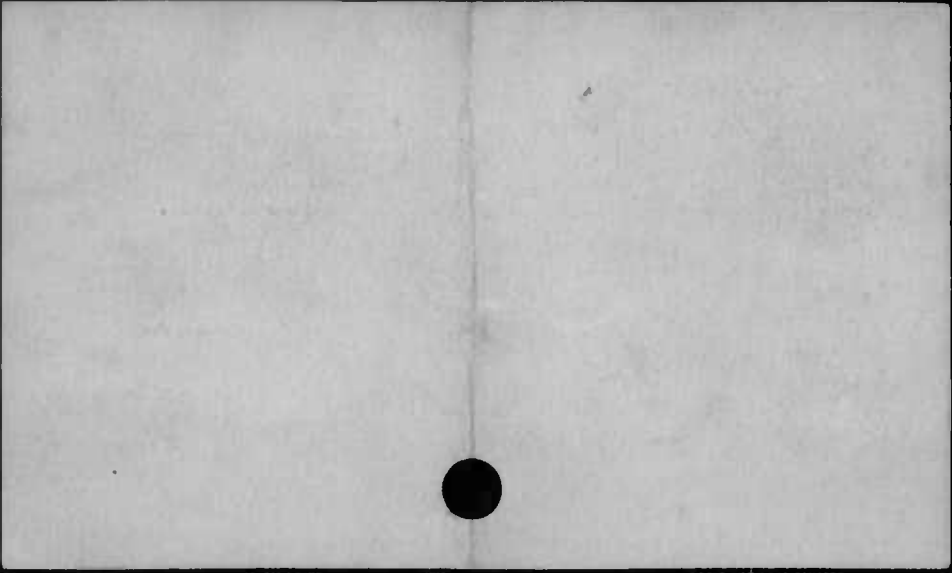
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm Johnston</i>		CERTIFICATE OF DEATH	
Died at <i>Port Deposit</i> Town		<i>Cecil</i> County	
Date of death <i>1906</i> Month <i>March</i> Day <i>22</i>		Age <i>80</i> Years	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>—</i>		Birth-place <i>Ireland</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband	
Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Elija Rogers</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving information <i>Katharine Weir</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Progressive Paralysis</i>	How long	<i>16 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. W. Clemens</i>
		Address	<i>Port Deposit Md</i>
(Accident or Suicide?)			



Name
in
Full

Elizabeth Knight

CERTIFICATE OF DEATH

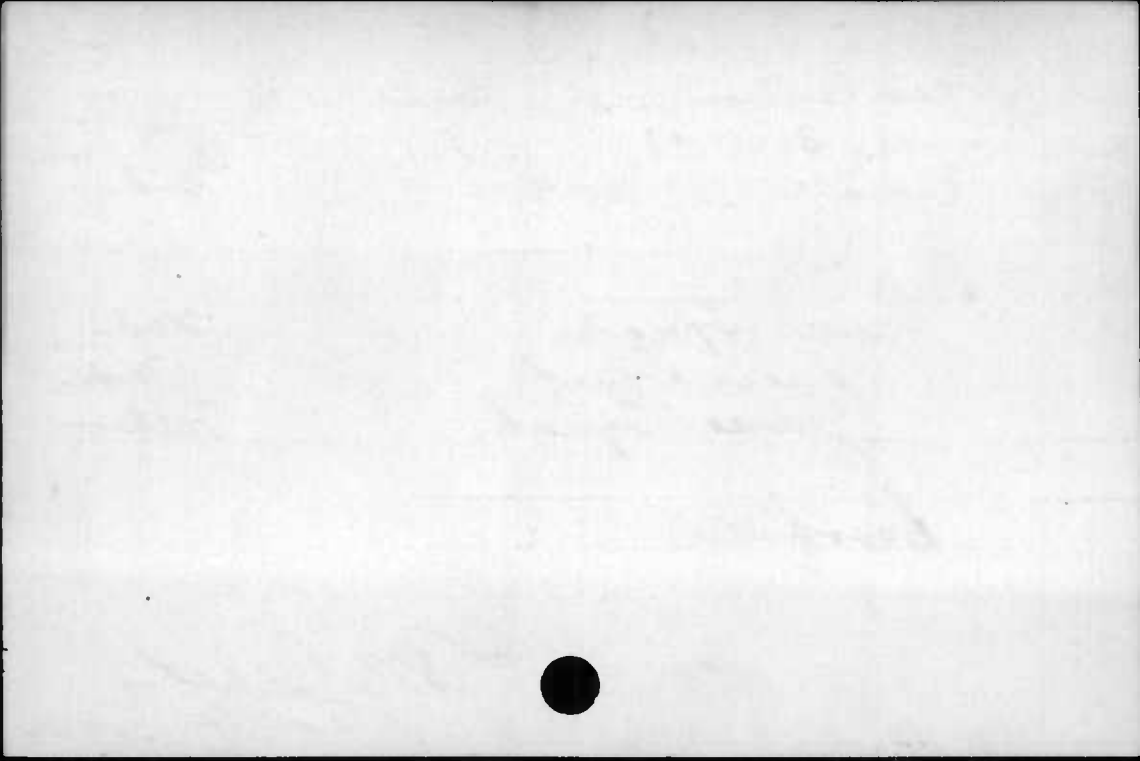
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>28</i>	Age <i>72</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Lance Knight</i>				How related to deceased <i>son</i>	

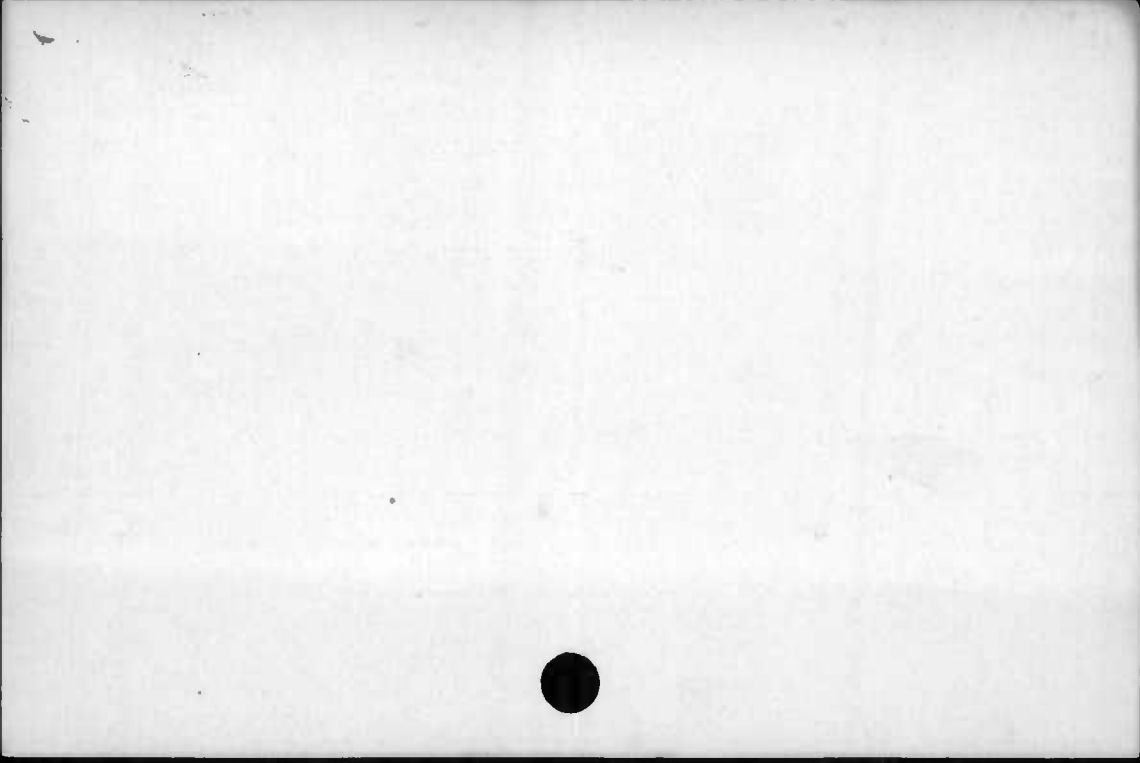
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	<i>79</i>	How long	<i>Snapped dead</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Clemens</i>		
		Address <i>Port Deposit</i>		
Accident or Suicide?				



Name in Full		Rebecca Lynch				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Near Cecilton				Cecil		
	Date of death	1906	Month	3	Day	17	Age
					Years	3	Months
					Days		
	Sex	Female		Color or Race	Negro		Birth-place
	Occupation				Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		James Lynch				Father's Birthplace	Md.
Mother's Maiden Name		Susie Lynch				Mother's Birthplace	Md.
Name of person giving information		James Lynch				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Scrofula				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
Accident or Suicide?		 J M Black Cecilton, Md.					



Name
in
Full

Howard Lee McBardell

E 120-15

CERTIFICATE OF DEATH

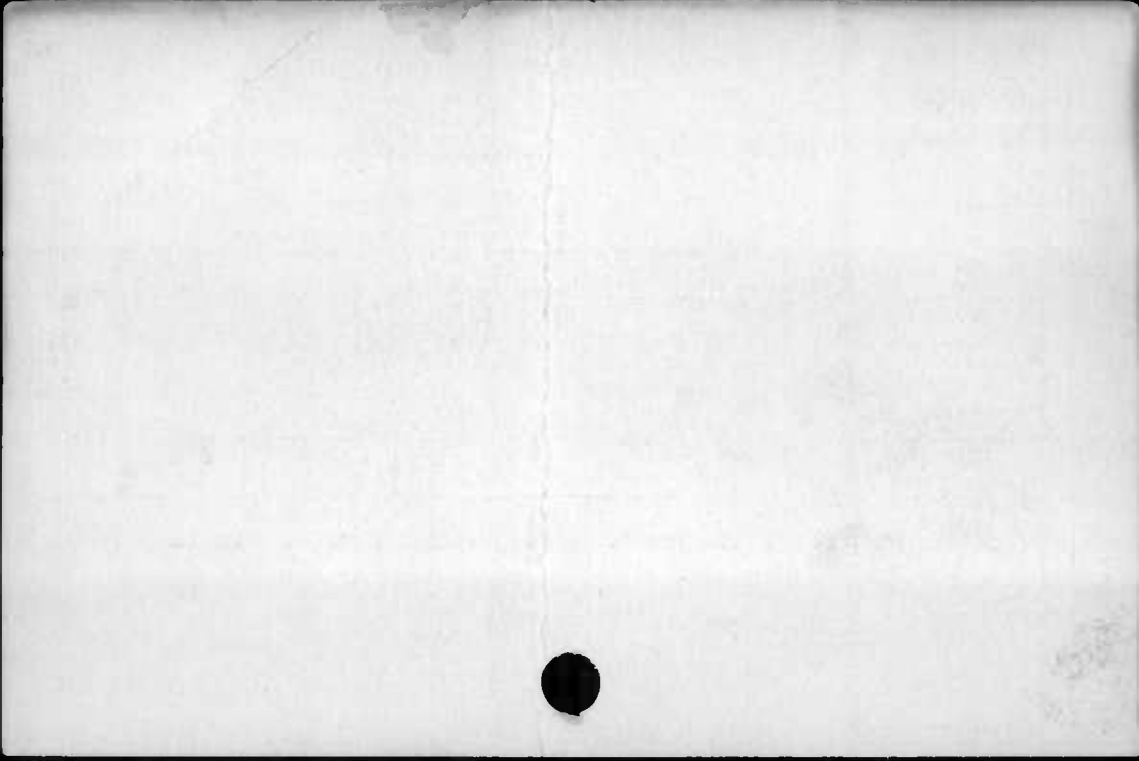
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Columbia</u> Town		<u>Leecil</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>March</u>	Day <u>12th</u>	Age <u>37</u> Years	Months <u>7</u> Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Columbia</u>		
Occupation <u>Agent</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Martha L</u>			
Father's Name <u>S. M. McBardell</u>		Father's Birthplace <u>Columbia</u>			
Mother's Maiden Name <u>Martha E. Nesbitt</u>		Mother's Birthplace <u>Columbia</u>			
Name of person giving information <u>S. M. McBardell</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Pulmonary Tuberculosis</u>	How long	<u>3 Years</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ernest Rowland</u>	
		Address <u>Liberty Groves, Md</u>	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

John Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cecil* Town *Cecil* CountyDate of death *1906* Month *3* Day *19* Age *77* Years Months *11* Days *—*Sex *Male* Color or Race *White* Birth-place *Delaware*Occupation *Undertaker and Furniture Dealer* Where Residing if not at place of deathMarried, Single, or Widowed *Married* Name of Wife or Husband *Lydia A. Morris*Father's Name Father's Birthplace *—*Mother's Maiden Name *Mary E. Tate* Mother's Birthplace *—*Name of person giving information *Belle Coppings* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Dilatation of Heart* How long *Six months*Immediate *—* *—* *—* How long

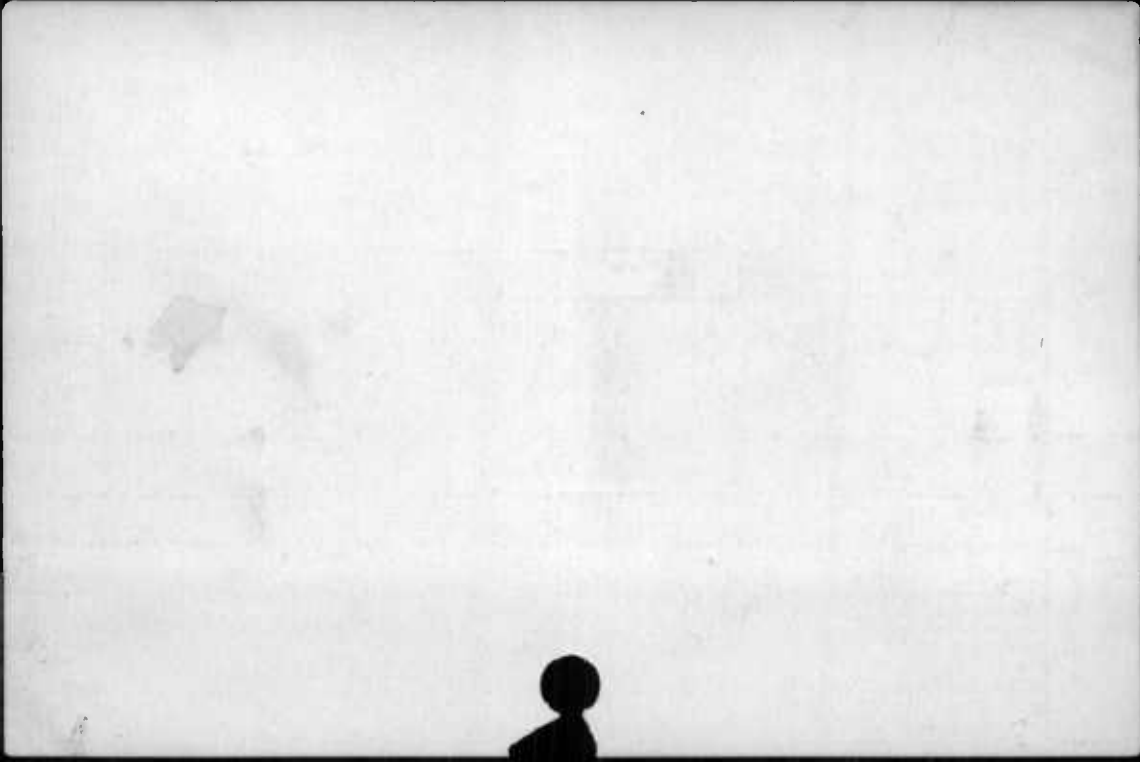
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. W. Crawford M.D.
Cecil

Accident or Suicide?



Name in Full		William E. Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Cecilton Town		Beebe County		MARYLAND
	Date of death		1906	Month 3	Day 3	Age 16	Months 6 Days
	Sex		Male		Color or Race		Colored
	Occupation		Laborer		Where Residing if not at place of death		Home
	Married, Single or Widowed		Single		Name of Wife or Husband		—
	Father's Name		James Morris		Father's Birthplace		Balt'md
	Mother's Maiden Name		Pessie Bradford		Mother's Birthplace		Md
Name of person giving information		George Tiller		How related to deceased		Brother in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Consumption		How long		Five (5) months
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. M. Black
					Address		Cecilton, Md.
	Accident or Suicide?		—				



Name
in
Full

Madge Peterman 3 Dist

CERTIFICATE OF DEATH

Died at ^{Town} Childs Ind ^{County} Cecil MARYLAND

Date of death 1906 Month 3 Day 25 Age 31 Months — Days —

Sex Female Color or Race White Birthplace Ind

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Robert Peterman

Father's Name George Rose Father's Birthplace Ind

Mother's Maiden Name Mary Miller Mother's Birthplace Ind

Name of person giving information Roth Peterman How related to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis of Lung (2) How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. Arthur Twitchell M.D.

Address Elkton Ind.

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

146

Name in Full		Cholis Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Earleville		Cecil County		MARYLAND	
	Date of death	1906	Month 3	Day 28	Age 16	Months	Days
	Sex	Male		Color or Race	Black		Birthplace
	Occupation	Laborer		Where Residing if not at place of death		Cecil Co. Md	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Isaac Price				Father's Birthplace	Delaware
	Mother's Maiden Name	Rosa Cane				Mother's Birthplace	Cecil Co. Md
Name of person giving information	Isaac Price				How related to deceased	Father	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Cerebro Spinal Meningitis				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. M. Black
						Address	Wilton, Md.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

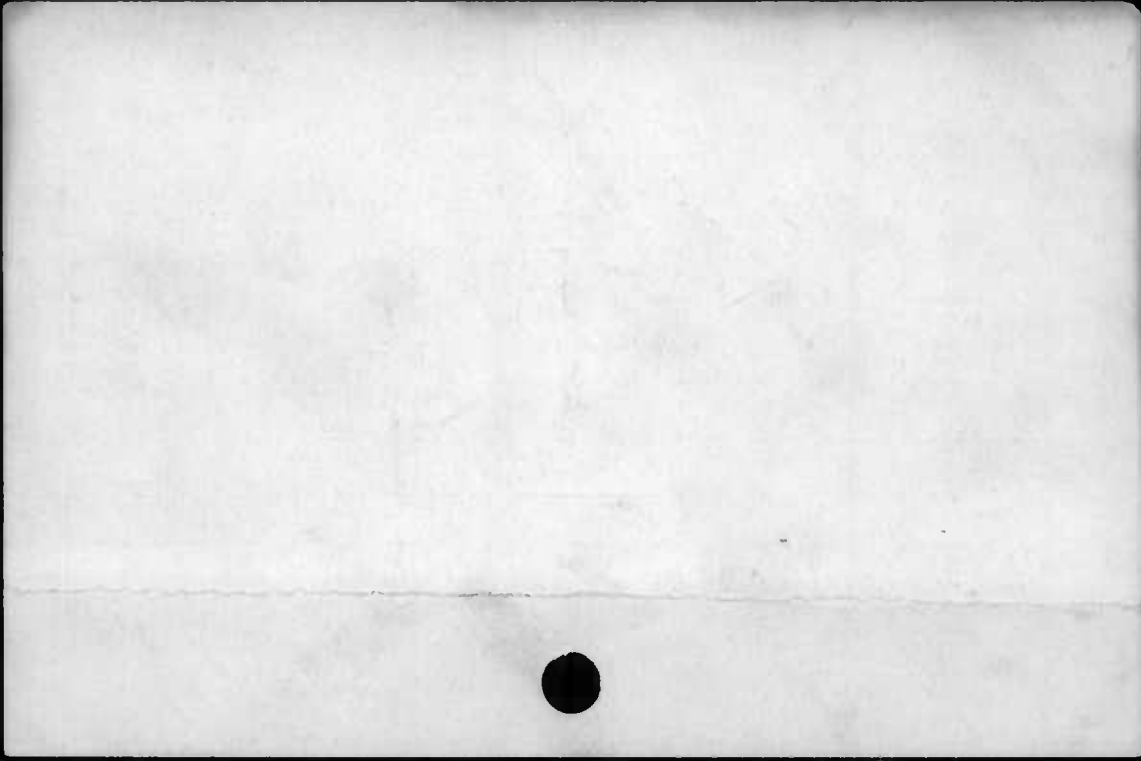
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay View</i> ^{Town}		<i>ecil</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>March</i> ^{Day} <i>1</i>		Age <i>3</i> ^{Years}		Months <i>7</i> Days	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Theodore</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Charles L Robinson</i>		Father's Birthplace <i>not know</i>			
Mother's Maiden Name <i>Florence A Whirlow</i>		Mother's Birthplace <i>Bay View</i>			
Name of person giving information <i>Florence A Whirlow</i>		How related to deceased <i>Mother</i>			

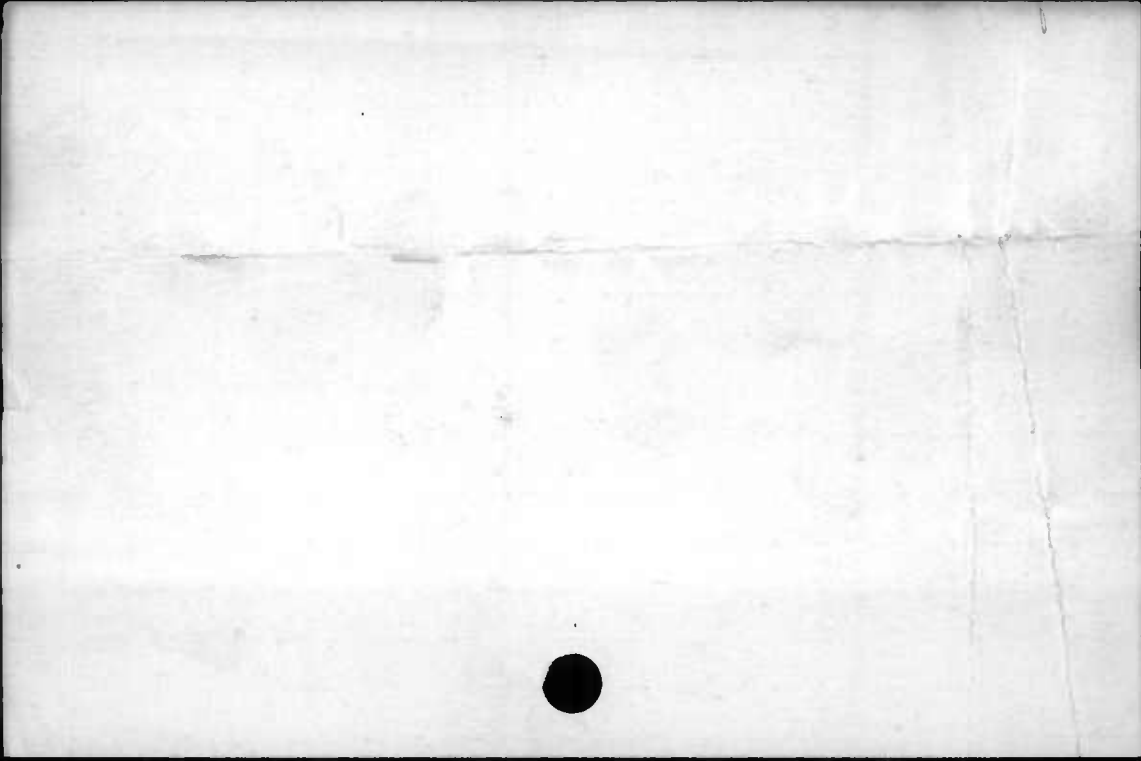
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>18 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. L. Hopper M.D.</i>
	Address <i>Brown</i>
Accident or Suicide?	<i>no</i>



Name in Full		Ethel Verna Scarborough				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Pleasant Hill		^{County} Cecil		MARYLAND					
		Date of death	1906	3 rd Month	4 th Day	Age	Eight	Months	June	Days	Twenty seven
		Sex	Female		Color or Race	White		Birth-place	Pleasant Hill Md		
		Occupation	None		Where Residing if not at place of death						
		Married, Single or Widowed	Single		Name of Wife or Husband						
		Father's Name	Robert Wilmer Scarborough					Father's Birthplace	Cherry Hill Md		
Mother's Maiden Name	Annie Mary Baldwin					Mother's Birthplace	Port Huron Mich				
Name of person giving information	Robert Wilmer Scarborough					How related to deceased	Father				
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary	Cerebrospinal Meningitis					How long	2 days		
		Immediate						How long			
		Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	D. L. Gifford M.D.		
		Address						J. G. Gifford M.D.			
		Accident or Suicide?									



Name
in
Full

Geo W Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Adkins</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	190 <u>March</u> ^{Month}	<u>26</u> ^{Day}	Age <u>73</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Cecil Co</u>
Occupation	<u>Farmer</u>		Where Residing If not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Elizabeth Taylor</u>		
Father's Name	<u>David Taylor</u>		Father's Birthplace	<u>Cecil Co</u>	
Mother's Maiden Name	<u>Elizabeth Ryan</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>Elizabeth Taylor</u>		How related to deceased	<u>Wife</u>	

(65)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Apoplexy</u>		How long	<u>Two Years</u>
Immediate	<u>1</u>		How long	<u>1</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Geo. W. Hume</u>	
		Address	<u>Perryville</u>	
Accident or Suicide?				



Name
in
Full

Grace E Walstrum 35ish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		<i>Anne</i> County		MARYLAND	
Date of death	1906	Month	<i>March</i>	Day	<i>6</i>
Age		Years	<i>8</i>	Months	<i>14</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Del</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband					
Father's Name		<i>E. C. Walstrum</i>		Father's Birthplace	<i>Ind</i>
Mother's Maiden Name		<i>Bertha Lynch</i>		Mother's Birthplace	<i>Ind</i>
Name of person giving information		<i>E. C. Walstrum</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>10 days</i>
Immediate	<i>Convulsions</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. P. Carrico M.D.</i>	
Address		<i>Cherry Hill, Ind.</i>	
Accident or Suicide?			

148-



Name
in
Full

Robert Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1906	Month	3	Day	30
		Years	82	Months	2
		Days	24		
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Laborer</i>		Where Residing if not at place of death	<i>Chesapeake City</i>	
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single	Name of Wife or Husband		<i>Laura E Reed deceased</i>		
Father's Name	<i>William Watson</i>		Father's Birthplace	<i>don't know</i>	
Mother's Maiden Name	<i>Barah Burgess</i>		Mother's Birthplace	<i>don't know</i>	
Name of person giving information	<i>May Jm Watson</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Paresis</i>	How long	<i>8 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>x</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W C Karsner</i>
		Address	<i>Chesapeake City Md</i>
<i>Accident or Suicide?</i>			

PHYSICIAN
OR CORONER

